

2022

SKILLED LACTATION SUPPORTER REPRESENTATION AND COMPENSATION PLANNING MEETING REPORT



TABLE OF CONTENTS

- 03** — **THE CASE FOR COMMUNITY-ROOTED,
SKILLED LACTATION CARE**
- 25** — **SKILLED LACTATION SUPPORTER
REPRESENTATION AND COMPENSATION
PLANNING MEETING REPORT**
- 49** **NEXT STEPS**



THE CASE FOR COMMUNITY-ROOTED, SKILLED LACTATION CARE

INTRODUCTION

Community-rooted, clinically-skilled lactation support is vital in ensuring families receive the care they seek. However, there are not enough Black and Indigenous skilled lactation supporters to serve the families they reflect and represent and compensation for lactation supporters is oftentimes inadequate compared to the skills, experiences, and impact they have. Further, Black and Indigenous lactation supporters are frequently left out of the conversations around planning/strategy around solutions to representation and compensation in the human milk feeding field.

Michigan Breastfeeding Network, in partnership with Panoramic Doula in Sault Ste. Marie, Postpartum Healing Lodge in Sault Ste. Marie, Southeast Michigan IBCLCs of Color in metro-Detroit, and YOLO Lactation and Doula Services in Flint, planned to hold a statewide meeting to center Black and Indigenous families in determining a path forward towards securing representation and compensation for community-rooted, clinically-skilled lactation supporters.



In preparation for the meeting, MIBFN, Panoramic Doula, Postpartum Healing Lodge, Southeast Michigan IBCLCs of Color, and YOLO developed resources that make the case for community-rooted, skilled lactation care. These resources can be utilized as advocacy and policy change tools in local communities around Michigan. **We are in this together. Please feel free to use them in your advocacy, as well!**

COMMUNITY-ROOTED

BREASTFEEDING CARE BENEFITS EVERYONE



★ **\$1200-\$1500** ★

**BREASTFEEDING
FAMILIES SAVE**

**On formula expenses in the
first year of a baby's life.**

**Reduces the overall maternal
mortality rate that
significantly impacts Black
and Brown families.**



Emergency Situations

Breast milk provides a safe, accessible food source during times of crisis and emergencies.



Mental Health

Serves as a protective factor for postpartum mood disorders and can safeguard mental health.



Supports the Environment

Environmentally friendly: reduces waster, easier on natural resources, does not create pollution or require disposal in a landfill.



Decreases the risk of Sudden Infant Death Syndrome (SIDS) and Necrotizing Enterocolitis (NEC), leading causes of infant death.



Reduces the risk of childhood obesity, asthma, hypertension and some cancers.



**Decreases the risk of type 2
diabetes, breast and ovarian
cancers for mothers.**

RETURN ON INVESTMENT

Health plans have found a three to one return on investment for every dollar spent on lactation support. Medicaid reimbursement of IBCLCs showed an estimated annual cost savings of \$2.33 million.



**Breastfeeding creates
healthier, thriving
communities, and
stronger family
connections.**



YOLO

YOU OVERCOMING LACTATION OBSTACLES

INDIGENOUS BIRTHWORKERS AND MAINSTREAM CREDENTIALING, WHY REPRESENTATION MATTERS



You can find
Michigan's
"Indigenous Milk
Medicine Week"
proclamation
here;

<https://www.michigan.gov/whitmer/news/proclamations/2022/08/08/august-8-14-2022-indigenous-milk-medicine-week>

Baby Catcher, Auntie,
Indigenous breastfeeding counselor(IBC),
Indigenous doula(IFSD), Nookomis, Sister.

While we recognize, reclaim and integrate vital and sustainable birth and lactation care into program models, something is missing. Indigenous titles and Indigenous language are incessantly lost to our systems and in effect result in health outcomes in dire need recognition.

Exclusion is a historically repetitive harm that perpetuates disadvantageous outcomes in Indigenous health care and quality of life. Exclusion to and from participation in fundamental traditional roles has led to generational interruptions in responsibilities and losses in traditional inheritances of birth and breastfeeding practices.

Continued exclusion in modern systems and credentialing programs can be observed through: lack of competency of unique cultural needs and practices of Indigenous families, perpetual exclusion and lack of referrals to diverse Indigenous specific programs and care providers, minimal to absent representation, and lack of sustainable and appropriate funding to by us for us care. To be entirely

Clear, by us for us care is an imperative implantation in healthcare practice in order to create trusted, sustainable, healing, positive health outcomes.



INDIGENOUS BIRTHWORKERS AND MAINSTREAM CREDENTIALING, WHY REPRESENTATION MATTERS CONT...

Data is currently largely underestimated due to exclusive and inaccurate reporting of race and ethnicity however the data we have is profoundly unsettling. Data gathered shows an increased risk of Indigenous maternal mortality by 2 to 3 times the rate of white maternal mortality. Indigenous infant mortality is 3 times that of white infant mortality with a 73 percent increased risk of SIDS if an Indigenous infant is not human milk and body-fed. What impacts this data? Historic and present harm and deficiencies in safety within systems resulting in further unsettling statistics. Indigenous women are 2-1/2 times less likely to receive prenatal care with a further 50% receiving zero care before birth. Assimilating ideas and molding unique and diverse programs and birthworkers into systemic narratives is an extension of exclusion and it's dangerous. Sovereign care options save lives. Often when assimilating sovereign and unique programs and people into systemic complexes the work becomes underfunded, complicated and unproductive when placed under scope. It's unsustainable. It's common in the birthwork community to hear persons attest to leaving jobs in order to fully serve families with their unique skills and credentialing. It's also common for families not to seek help in places that feel unsafe. Lack of representation is a red flag. Community led care and skill development historically was, and still is safest.



INDIGENOUS BIRTHWORKERS AND MAINSTREAM CREDENTIALING, WHY REPRESENTATION MATTERS CONT...

3

Why does representation and Indigenous specific credentialing and language matter?

Indigenous specific credentialing and birthwork titles are an intermixing of: diverse lived experiences, family and mass group historical relevance, solidarity, community specific skills, traditional language, story telling, par clinical education and/or hands on community led learning and traditional care practices packaged into a title or given name. Representation and recognition of timeless and traditional roles and culturally relevant training brings forth mutual reverence and relational care between families and skilled care providers. It erases the power dynamic between patient - provider person centered care and rewrites opportunities for trusted relational care. Thus, promotes healing from years of systemic abuse, assimilation, and exclusion and furthermore creating a sense of safety for families and providers alike. Allowing them to feel safe to seek and provide life saving care. Programs and care should be representative of the populations they are serving. This is not always possible under heavily policy centered, scope limiting, and western medicine systems, especially when historically systems have broken relational trust. However, collaborations and referral policies are the step forward where commingling within systems isn't ideal and safe for all parties. Culturally relevant and community led care perogitives, programs, and credentialailing is different. It's different because it works and it works because it's different. Our ways of operating within our communities is still alive.



ANTENATAL
LACTATION
CLINICAL DECISION TOOL

DESIRED FEEDING METHOD

Breastfeeding/ Human Milk Feeding
Body Feeding/Chest Feeding

ASSESS

- Past experiences and goals
- Supports and barriers
- Health history
- Breasts, nipples, mammary tissue

**CLINICAL CONCERNS
TO REFER TO IBCLC**

- Inverted nipples
- Breast surgery
- Insufficient glandular tissue
- Marked asymmetry
- Large pendulous breasts
- PCOS
- Infertility
- Hypertension
- Thyroid disorders
- Gastric bypass
- Diabetes
- Vegan diet
- Unsuccessful prior experience

**ANTENATAL
LACTATION CONSULT**

Refer to IBCLC

**NO IDENTIFIED
CLINICAL CONCERNS**

Provide education and refer accordingly to culturally appropriate class, community supports and/or peer counselors

DID YOU KNOW?

Skilled lactation support decreases the risks of formula supplementation and premature weaning



SEKEITA LEWIS-JOHNSON DNP FNP-BC IBCLC



WHY COMPENSATION MATTERS

Lactation Supporters should be paid for the care and services that are provided for families. Families should not be responsible for the burden of cost. So how can you be compensated for this care?



Different ways Lactation Supporters can be compensated for their services varies

If families are paying for your service, you may want to consider:

- Pay-per-service
- Sliding scale
- Payment plan
- Bartering
- Payment at time of service with the family being reimbursed from insurance

If you, as a provider are billing for services, you may want to consider:

- Billing insurance yourself (ie: medicaid, private insurance)
- Hiring a company or Biller to bill insurance on your behalf (ie: Lactation Network)

For information on billing codes, decoding reimbursement from insurances, scan this QR Code or click [HERE](#).



Feed the Babes
Birth & Breastfeeding

SCAN ME



Pieces of a letter on the impact of community lactation support

The letter and client feedback shared below are testimony to why representation matters. Representation matters in lactation care because it creates safety, familiarity, and understanding in a time where most families feel incredibly vulnerable. Having Black lactation support for Black birthing families is central to the reclamation of our traditional practices of care based in kinship and community.

It is my desire that any mom going through the unpredictable stages of pregnancy, prenatal care, birth, delivery, postpartum care and motherhood would be blessed with the supportive services the only those well qualified can provide in today's health culture.

I wanted to successfully breastfeed my baby for an entire year and to make sure my husband knew how to support my journey. We had no clue that in 3 months, life as we knew it would change due to COVID-19.

My breastfeeding journey with Mekayla

In just a matter of weeks, Shonte' was the additional support I needed to navigate being a nursing mom in a pandemic. I ran into every single issue possible but Shonte' had an answer for everything. When I couldn't find milk storage bags on the shelves at the store, she delivered them to my doorstep. When I had trouble latching, she came over covered from head to toe in PPE gear just to help support my goal. When I fell ill with COVID, she walked my husband through the step-by-step process of prepping bottles safely on Zoom. When I went through my battle with postpartum depression, she reassured me that I was an amazing mom.



I successfully breastfed my daughter for 14 months



Briella
September 3, 2021



Our journey with Briella

In 2021, my husband and I learned that we were expecting another bundle of joy and the stress of still being in a pandemic while trying to manage day to day life, I was concerned about a successful pregnancy. On September 3, 2021, at only 25 weeks and 2 days, our daughter Brielle was born via emergency cesarean delivery due to the dangers of excessive preeclampsia. Our premature baby spent 85 days in the NICU at the University of Michigan-C.S. Mott Children's Hospital in Ann Arbor, Michigan. Shonte' was the peace in the middle of the biggest storm of my husband and I had ever faced. Not only did she provide emotional support, but those services weren't just for me. She made sure that my husband had supportive services as well.

Briella comes home

Briella went home with us for the first time the Saturday after Thanksgiving and Shonte' again made sure we were ready for that new adventure. She was the first person to come and visit and to help provide support for our daughter's new home life. She was discharged on a blended formula meal plan that too became a struggle because we were in the early stages of the national formula shortage. But Shonte' reached out to her multiple support networks and helped us find Briella's specialty formula when it was not available on the shelf at the local groceries stores in our county.

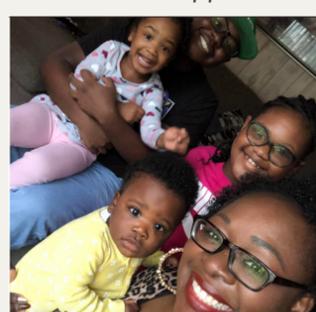


Briella
Is one now and doing great!



Our family

Our daughters and our family would not be thriving, healthy and strong without the support she (Shonte') has provided our family for the last 3 years. I can only wish that other struggling moms and families in the Flint and Genesee County area can feel the joy I had knowing that we had support for our precious babies.



The Stroziers

IMAGINE IF:

ALL PROVIDERS:



WHO:

- are trained on equity-centered, breastfeeding-supportive practices
- consistently provide warm hand offs to skilled care

THERE ARE ALL LEVELS OF SKILLED LACTATION SUPPORT WITHIN:



clinical settings, like birthing hospitals and doctors' offices



public health programs, like home visiting programs and WIC



grassroots orgs, like birth and breastfeeding justice advocates



the community, like aunts and clan members

WHO:

- reflect and represent the community they serve
- all are actively anti-racist
- are skilled in the traditional practices of their culture and community
- provide warm hand-offs among lactation providers so families have access to care 24/7
- all are fairly compensated with stable income and benefit packages that are adequate to support their families



“IF WE KEEP DOING THE SAME THING, WE CANNOT EXPECT A DIFFERENT OUTCOME.”

Current public health and hospital systems are designed to uphold white supremacy and colonialism.



The Black maternal and infant mortality rates within Michigan are at crisis levels: skilled lactation care from providers that reflect and represent the communities they serve are proven to be effective in increasing breastfeeding rates and associated health outcomes.

Medicaid providers do not have adequate lactation education.



While both the American Academy of Pediatrics and the United States Surgeon General recommend breastfeeding for all families, research shows that physicians generally lack adequate breastfeeding education and training, leaving families without the skilled care they need.

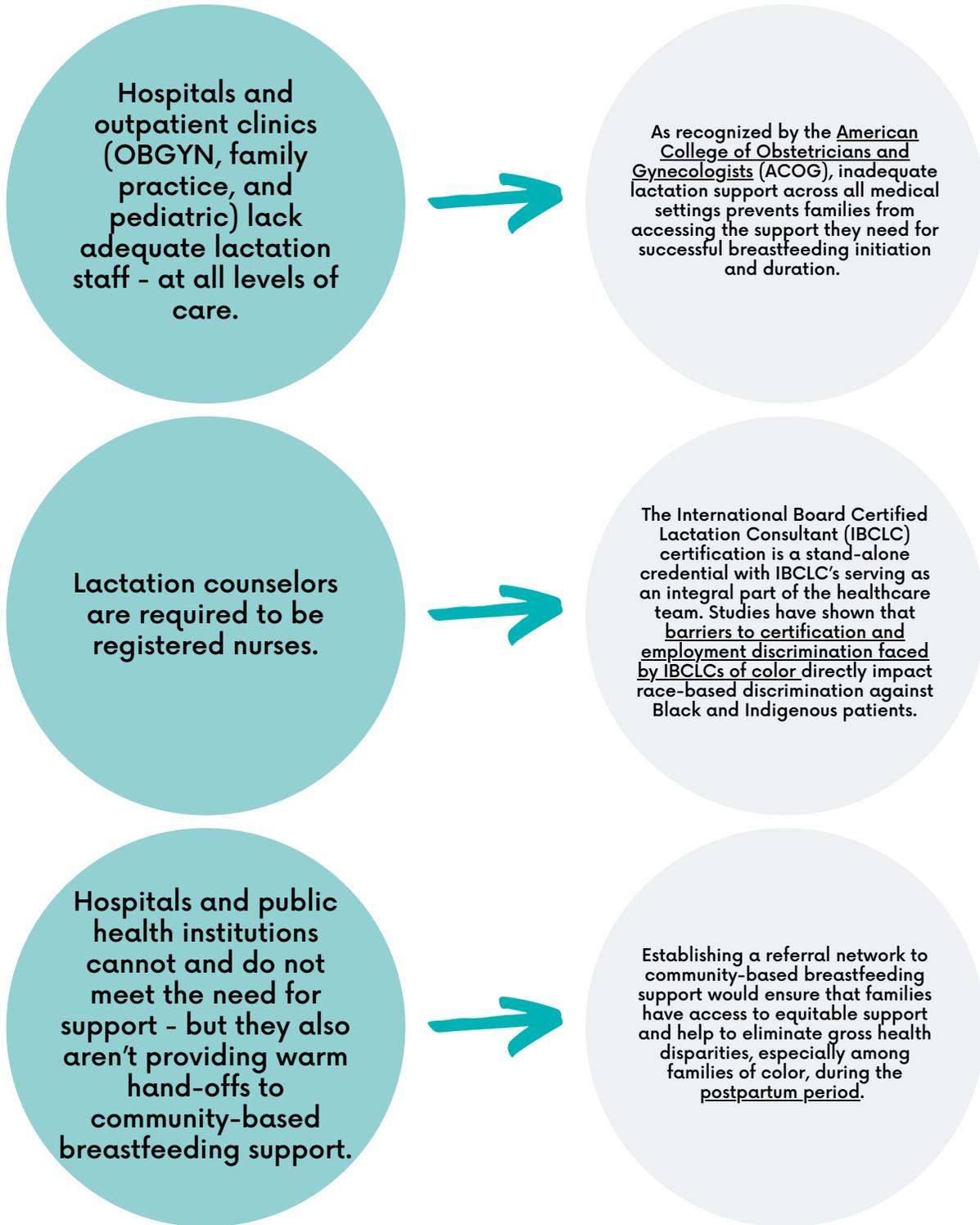
Medicaid providers do not have on-staff lactation support.



Under the Medicaid and Healthy Michigan plan policies, Medicaid coverage of lactation support is wholly inadequate for lactation support and, oftentimes, Medicaid providers do not employ IBCLCs or other lactation providers.



"IF WE KEEP DOING THE SAME THING, WE CANNOT EXPECT A DIFFERENT OUTCOME."



"IF WE KEEP DOING THE SAME THING, WE CANNOT EXPECT A DIFFERENT OUTCOME."

There are not any consistent funding mechanisms to financially support community-based, equity-centered skilled breastfeeding support.



Even though community-based, equity-focused care is life-saving care for Black and Indigenous communities, local breastfeeding supporters are under-funded and lack equitable compensation.

Institutions lack operational plans for individualized antenatal lactation support and continuity of care.



Black and Indigenous lactation supporters counteract the harm being done to families and are a crucial part of a families' health care team. Policies within public health and hospital systems cannot be a barrier to culturally-resonant care.

There is no lactation care infrastructure that proactively prevents or mitigates crises like the current formula shortage, COVID-19 pandemic, and lead-contamination crises across Michigan.



Current policy and infrastructure do not protect our most vulnerable populations: we need to strengthen how we approach lactation care to ensure that families have access to education and support during emergencies in communities throughout Michigan.

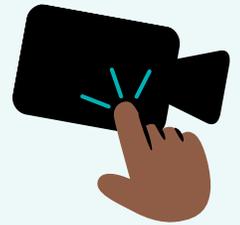


GREAT LAKES BREASTFEEDING WEBINARS



MIBFN
Michigan Breastfeeding Network

FREE, ON-DEMAND BREASTFEEDING EDUCATION!



Looking for free continuing education to help learn and earn and/or maintain credentialing?

Michigan Breastfeeding Network, in collaboration with YOLO Lactation and Doula Services, presents FREE Great Lakes Breastfeeding Webinars that launch on the third Tuesday of the month at 8am EST.

Each webinar is available for 1 CERP, 1 nurse's contact hour, 1 social work CE hour, 1 dietitian CPEU, 1 community health worker CEU, 1 certified health education specialist CECH, and 1 CME up until 1 year after the initial air date.



access



evidence



equity



relevance

**watch whenever and wherever at
mibreastfeeding.org/webinars.**

"I appreciate the ease of use and that these presentations are free. I would find it hard to maintain my CLC certification if I had to pay for the 18 credits every three years."

-Webinar participant

ABOUT

ABOUT THE CORE COHORT

This cohort is currently composed of 12 Black and Indigenous breastfeeding supporters and organizations who have chosen collaboration over competition. We were initially awarded mini-grants through MDHHS and Michigan Breastfeeding Network to advance our work, centering Black and Indigenous families in the reclamation and restoration of traditional birth and breast/bodyfeeding practices that have sustained our families for centuries. Our work is initially focused in the areas of COVID-19, young mothers and fathers, and child care. We work collaboratively in sisterhood (not cis-terhood) to network, incubate, take action, and achieve outcomes in solidarity with the families in our communities.

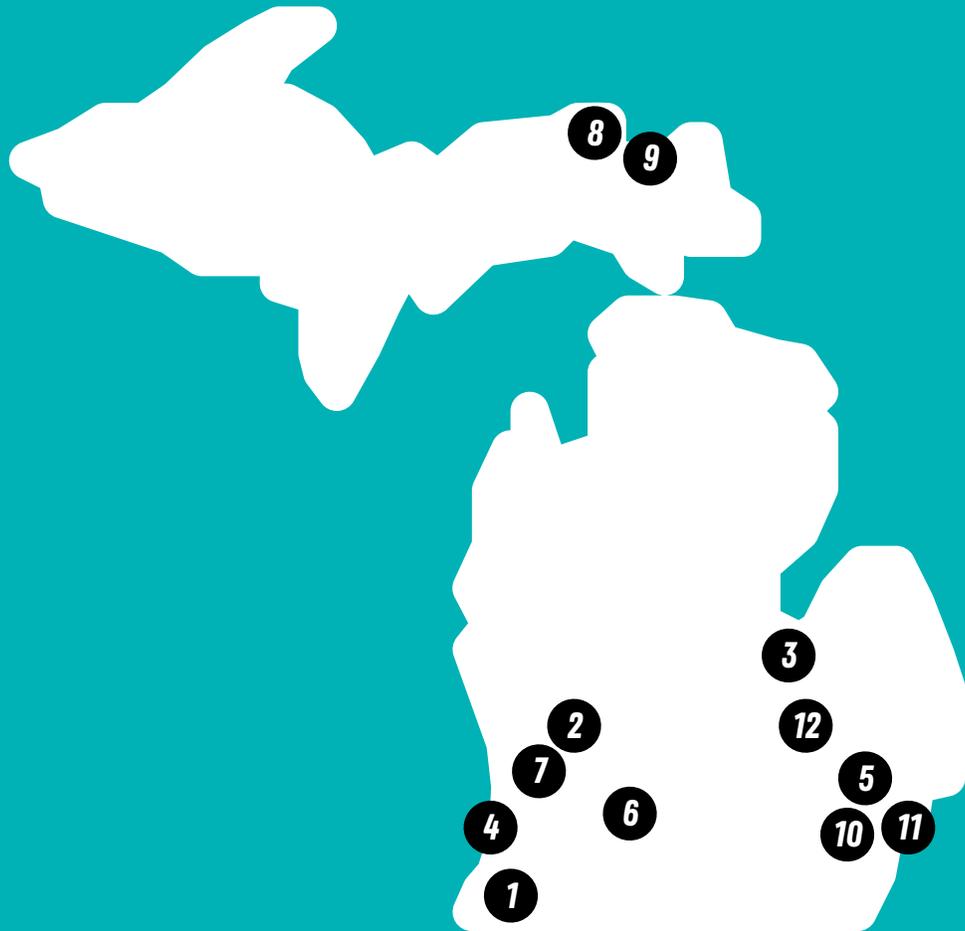
DID YOU KNOW?

CORE Cohort is an acronym for COVID-19 Racial Equity Cohort.

"WE STRIVE TO MAKE LIFE BE WHAT IT IS SUPPOSED TO BE. WE CAN'T CREATE A PERFECT WORLD, BUT WE STRIVE TO GET CLOSE TO IT, FOR OUR MOMS AND BABIES."

Rickeshia Williams, CLS, CLC, BD, Milk Like Mine





1 *BIRTH QUEENS
AND MILK QUEENS*

2 *BUMP TO BIRTH
DOULA SERVICES*

3 *FULL CIRCLE
DOULA SERVICES*

4 *LACTPOWER*

5 *LEARN, LACTATE,
GROW*

6 *MILK LIKE MINE*

7 *NIZHONÍ SOL
BIRTHWORK*

8 *PANORAMIC
DOULA*

9 *POSTPARTUM HEALING
LODGE/NOURISHING NATIONS*

10 *SAGE AND
REBOZOS*

11 *SOUTHEAST MICHIGAN
IBCLCS OF COLOR*

12 *YOLO BIRTH AND
BREASTFEEDING SUPPORT*

CORE COHORT MEMBERS

BIRTH QUEENS AND MILK QUEENS

SERVICE AREA: Southwest Michigan and surrounding areas

HOW TO REACH US:

Email: birthqueensmilkqueens@gmail.com
Phone: (269)-861-6163 (call or text)
Facebook: Birth Queens and Milk Queens

BUMP TO BIRTH DOULA SERVICES

SERVICE AREA: Grand Rapids and surrounding areas

HOW TO REACH US:

Email: bumptobirthdoulagr@gmail.com
Website: bumptobirthdoulaservices.com
Phone: 616-202-6450 (call or text)
Instagram: @bumptobirthdoula
Facebook: Bump to Birth Doula Services
TikTok: @birthdoulakiara

“CENTERING BLACK FAMILIES IS IMPORTANT BECAUSE BIRTH AND BREASTFEEDING EDUCATION AND VILLAGE SUPPORT IS FOR US, BY US, AND FROM US. WE HAVE THE ANSWERS, WE JUST NEED THE RESOURCES. THERE ARE BLACK WOMEN WHO DESIRE BREASTFEEDING SUPPORT AND EDUCATION AND I KNOW HOW TO CONNECT WITH THEM AND WHERE TO FIND THEM!”

**-ANESHA STANLEY, CD, PCD, BD,
FULL CIRCLE DOULA SERVICES**



“BY ENCOURAGING BLACK AND BROWN MOTHERS TO BREASTFEED, WE ARE GIVING THEM BACK THE POWER THAT WAS STOLEN FROM THEIR ANCESTORS AND HELPING TO HEAL THEIR INTER GENERATIONAL TRAUMA. BREASTFEEDING IS AN ACT OF RECLAIMING OUR HERITAGE.”
- BIANCA NASH-MIOT, IBCLC, BIRTH QUEENS AND MILK QUEENS



FULL CIRCLE DOULA SERVICES

SERVICE AREA: Saginaw and surrounding areas

HOW TO REACH US:

Email: keysofhopefoundation@gmail.com
Website: keysofhopefoundation.com
Phone: 989-341-3336 (call or text)
Facebook: Full Circle Doula Services, LLC
Instagram: @fullcircledoulallc

LACTPOWER

SERVICE AREA: Benton Harbor and surrounding areas

HOW TO REACH US:

Email: lactpower00@gmail.com
Phone: 269-325-0557
Facebook: LactPower
Youtube: youtube.com/channel/UCEDXbVMeTSUKLaNFihQ6oZQ

LEARN, LACTATE, GROW

SERVICE AREA: Pontiac and surrounding areas

Lactation Support Services, Doula Services, Safe Sleep Resource Center, Mental Health Support, Weekly Support Group meetings on Parenting, Mental Health and Early Childhood Education Support Group

HOW TO REACH US:

Email: learnlactategrow@gmail.com
Phone: 248-445-2017
Facebook: Learn Lactate Grow
Instagram: @learnlactategrow

CORE COHORT MEMBERS

MILK LIKE MINE

SERVICE AREA: Battle Creek and surrounding areas

Childbirth education, Doula services (Birthing Bellies Like Mine), Lactation services, Teen to young moms program (Y.E.E.M), Mom to mom breastfeeding club (Sistah to Sistah Breastfeeding Club), coming soon MLM Hispanic branch (Leche Como LA Mía)

HOW TO REACH US:

Email: milklikemine@gmail.com

Website: milklikemine.com

Phone: 269-280-2669

Address to Milk Like Mine's Community Birthing and Breastfeeding Services Center:
221 Roosevelt Ave E., Battle Creek, MI 49037

Facebook, Instagram, and Twitter:
@milklikemine

NIZHONI SOL BIRTHWORK

SERVICE AREA: Western and Northern Michigan

HOW TO REACH US:

Email: nizhoni.sol@gmail.com

Website: nizhonisol.com

Facebook: Nizhoni Sol

Instagram: @nizhoni.sol

PANORAMIC DOULA

SERVICE AREA: Sault Ste. Marie and surrounding areas

HOW TO REACH US:

Email: panoramicdoula@gmail.com

Website: panoramicdoula.teachable.com/?
ltclid=52abac54-2803-4d05-aa15-
b7c32bb291d7

Instagram: @panoramicdoula

POSTPARTUM HEALING LODGE

SERVICE AREA: Chippewa County, Michigan (in-person); Globally (virtual)

Indigenous holistic birth work services and education

HOW TO REACH US:

Email: raeanne@postpartumhealinglodge.com

Website: postpartumhealinglodge.com

Facebook: Nourishing Nations

Instagram: @postpartumhealinglodge

Teachable:

postpartumhealinglodge.teachable.com

Venmo: RaeanneMadison

**"I HOPE TO INSPIRE OTHER BIPOC BIRTH WORKERS TO TAKE UP SPACE IN WHITEWASHED WELLNESS SPACES, AND RECLAIM AND MEND THEIR ANCESTRAL TRAUMAS THROUGH THIS WORK."
-MICAELA MCHENRY, FSD, SAGE AND REBOZOS**



SAGE AND REBOZOS

SERVICE AREA: Southeast Michigan

HOW TO REACH US:

Email: micalathedoula@gmail.com

Website: sageandrebozos.com

Instagram: @bossa_novaaa

SOUTHEAST MICHIGAN IBCLCS OF COLOR

SERVICE AREA: Southeast Michigan

HOW TO REACH US:

Email: semichioc@gmail.com

Website: semiibclcofcolor.org

Phone: 947-999-9341 (call or text)

Facebook: SMIBCLCsofColor

Instagram: @semi_ibclc.oc

YOLO BIRTH AND BREASTFEEDING SUPPORT

SERVICE AREA: Flint and surrounding areas

HOW TO REACH US:

Email: success.yolobreastfeeding@gmail.com

Website: yolobreastfeeding.org

Phone: 810-213-0090

Facebook: YOLO Breastfeeding

Instagram: @yolo.breastfeeding

"SUPPORTING THE WHOLE FAMILY IS ESSENTIAL TO IMPROVING THE OVERALL GENERATIONAL HEALTH OF FAMILIES OF COLOR, EDUCATING AND EMPOWERING FATHERS TO FEEL CONFIDENT IN THEIR PARENTING ROLE WILL ALLOW THEIR PARTNERS TO FEEL SUPPORTED IN BIRTH, BREASTFEEDING, AND INFANT CARE."

Shonte' Terhune-Smith, BS, IBCLC, YOLO



"IT IS SUCH AN HONOR TO SERVE ALONGSIDE ALL OF THE MEMBERS OF THE CORE COHORT. THEY DEMONSTRATE SUCH PASSIONATE COMMITMENT TO CENTERING FAMILIES IN THEIR COMMUNITIES AND TAILORING HOW THE MINI-GRANTS WERE USED TO MEET THEIR COMMUNITIES' NEEDS. IT IS INSPIRING AND HUMBLING TO SEE THE WAYS THEY GO ABOVE AND BEYOND FOR FAMILIES."
-KAITLYN BOWEN, MS, RD, CLC, MIBFN COMMUNICATIONS AND DATA MANAGER



Equity in Lactation

IMPACTING HOW WE SERVE



No Representation from the Community

1 Hiring Practices

Job postings for lactation creates barriers for women of color. Job requirements includes credentials that are not required to become an IBCLC. This practice either forces women of color to further their education or work multiple jobs in lactation to support their families. When pushed for answers, there is no significant reason why the requirements shouldn't change.

2 My Worth as a Lactation Supporter of Color

I am a **QUALIFIED** lactation professional.
I **DESERVE** to be paid according to my skill set.
My **IDEAS** should be **EQUITABLY** compensated for!
I should be **RESPECTED** among my peers!
I **DESERVE** stability for my family!

REMEMBERING WHAT OUR CONTRIBUTION TO THIS FIELD AND TO NEVER FORGET OUR WORTH AND TO ADD TAX TO THAT TO BE EQUAL TO OUR COUNTERPARTS!



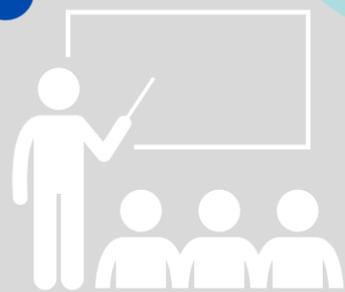
3 Experiencing Tokenism

Imagine being asked to speak in front of funders in your community by someone who doesn't look like you, but being told what to say to represent their project. Not wanting to comply and feeling pressured at the same time. To realize at that moment that your voice doesn't matter, but your color does. And when you try to use your voice they want to hear what you want to say first. They aren't from your community, but they know the value of your voice.

I HAVE A VOICE
I HAVE A VOICE
I HAVE A VOICE
I HAVE A VOICE

4 Training More Staff

Instead of hiring more staff, organizations provide lactation training for people who have roles that are not rooted in lactation. An organization will train a nurse without lactation experience or credentials to become an IBCLC which may take 2 years. Qualified candidates in the community are not considered. Professional bias!



5 Owning Our Own

Witnessing the bias and the barriers that family experience from behind the scenes has motivated several lactation supporters of color to form organizations, start private practices, and become consultants for other organizations. We are **CREATING** the **CHANGE** our communities need.



6 Who's Hands are Lifting up Families

Although the load can be heavy, we **SHOW UP**. Black babies and mothers are dying, and lactation supporters of color are passionate about improving the birth and breastfeeding outcomes of families. While we uplift families, it is important for systems and policies to remove barriers for lactation supporters of color, so that we can **SERVE** at our best emotionally and mentally.





WHO PROVIDES LACTATION SUPPORT

WORK WITH WHO YOU TRUST AND TRUST YOUR GUT!



IN THIS TOGETHER

There are different scopes and certifications for lactation professionals. There are lactation counselors, peers, IBCLCs, and other trained lactation supporters. Depending on what skillset is needed for a family, a referral may be needed. All of our skills, knowledge, connections, and resources, supports the families in our communities.

CLC, CLS, PEERS, DOULAS, IBCLCS



LACTATION COURSES

Courses taught by Black, Brown, and Indigenous lactation supporters:

- The B.L.A.C.K. Course
- Indigenous Breastfeeding Counselor (IBC, Indigenous Breastfeeding Counselor Training Kimberly Moore-Salas & Camie Jae Goldhammer)
- Village Breastfeeding Supporter (VBS, YOLO Credential)

Other trainings offered:

- Certified Lactation Educator (CLE, CAPPA)
- Certified Breastfeeding Educator (CBE, Lactation Education Resources)
- Certified Lactation Specialist (CLS, Lactation Education Consultants)
- Certified Lactation Counselor (CLC, Healthy Children Project)

COMMUNITY SUPPORT

These are some professionals in your community that can provide lactation support:

- Community Health Workers
- WIC Peer Counselors
- Community Based Breastfeeding Peer Counselor (Health Connect ONE)
- Healthy Start Programs
- Early Childhood Staff

Other types of community lactation support:

- Private Practice Lactation Supporters
- Community-Based Organizations



MEDICAL PROVIDERS

We are ALL part of the care team. There are some medical providers that can provide basic lactation support to more specific lactation training:

- Certified Nurse Midwife
- Certified Professional Midwife
- Traditional Midwife
- Pediatricians
- Obstetricians
- Registered Dietitians

Consistent messaging is important amongst providers and lactation supporters. Providers should work alongside and refer to lactation supporters as needed.

LACTATION SUPPORTS ALSO LOOKS LIKE THIS



I DO MY BEST BECAUSE I'M COUNTING ON YOU COUNTING ON ME

-MAYA ANGELOU



Indigenous Support for Indigenous Breastfeeding

Tribal Governments:

- Pass tribal legislation that protects the rights to give birth at home on tribal lands.
- Pass tribal legislation that protects the rights to attend home births on tribal lands.
- Increase access to culturally-rooted birthing care including childbirth education, midwifery care, doulas/full spectrum birth workers, peer support, and breastfeeding support.
- Support self-determination and strong family foundations by instituting workplace policies such as:
 - Universal basic income
 - Paid family leave for birthing persons, non-gestating partners, and adoptive parents
 - Baby at work programs
 - Babies can visit workplaces to feed at the breast
 - Employees can leave the worksite to breastfeed their babies in the work day
 - Comprehensive protections for pumping and storing milk at work
 - Reasonable accommodations for transferring roles to protect lactation
 - Promote remote work whenever possible
- Other:

Tribal Colleges:

- Develop and offer lactation support classes to strengthen the lactation support workforce and community
- Offer lactation support courses in a variety of formats to meet the needs of the community: including week-long seminars, online, and semester-long courses
- Partner with trusted lactation certification organizations to create MOA that allow the tuition waiver to be used for courses

Other:



**SKILLED LACTATION
SUPPORTER
REPRESENTATION AND
COMPENSATION
PLANNING MEETING
REPORT**

ABOUT THE MEETING

Michigan Breastfeeding Network, in partnership with Panoramic Doula in Sault Ste. Marie, Postpartum Healing Lodge in Sault Ste. Marie, Southeast Michigan IBCLCs of Color in metro-Detroit, and YOLO Lactation and Doula Services in Flint, planned and held a statewide meeting to center Black and Indigenous families in determining a path forward towards securing representation and compensation for community-rooted, clinically-skilled lactation supporters.

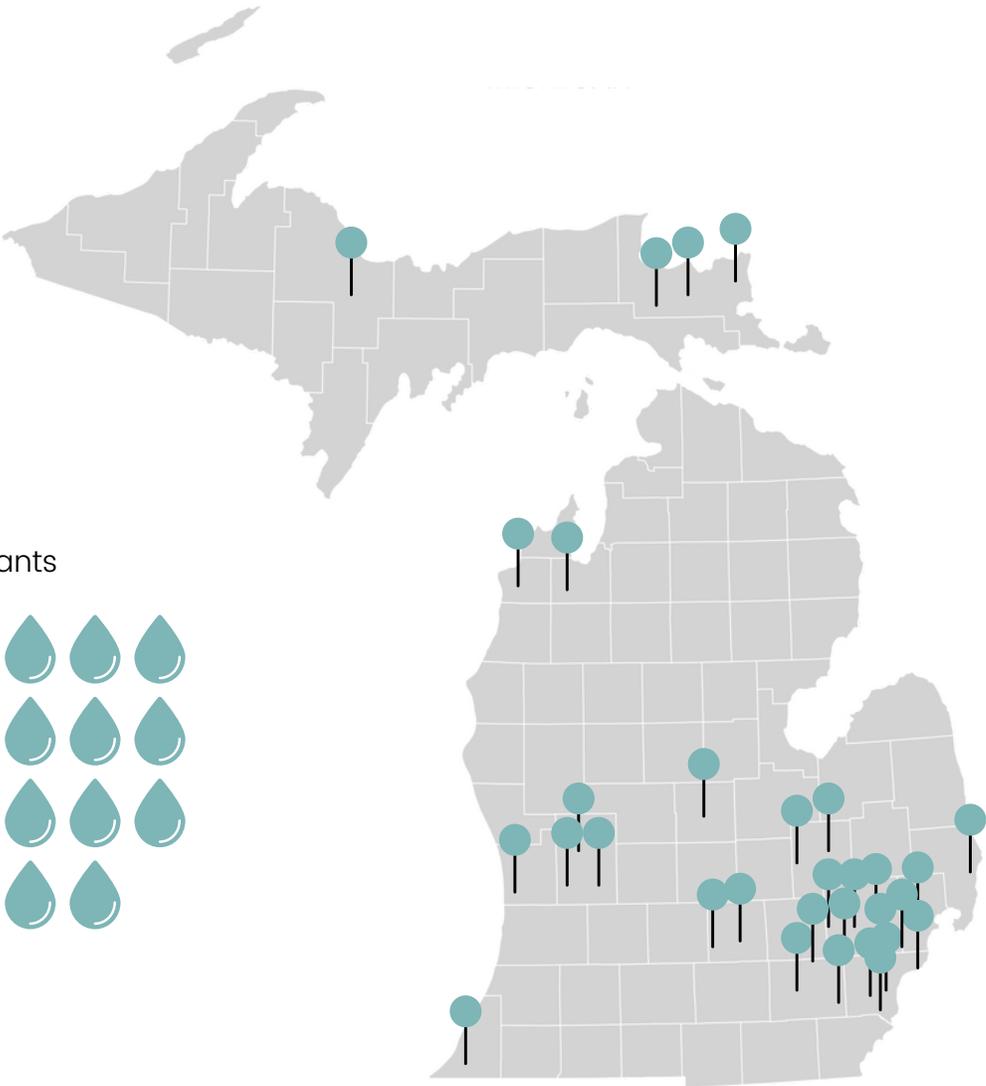
The goals of the meeting were to listen and learn from lactation supporters around Michigan to ultimately:

- Grow and diversify the field of lactation so that Black and/or Indigenous families are served by people who reflect and represent them
- Equitably/adequately compensate community-rooted, clinically-skilled lactation supporters to ensure that this work is not just for people with economic and/or skin privilege

This work was made possible by the kind support of the W.K. Kellogg Foundation. Thank you so much.

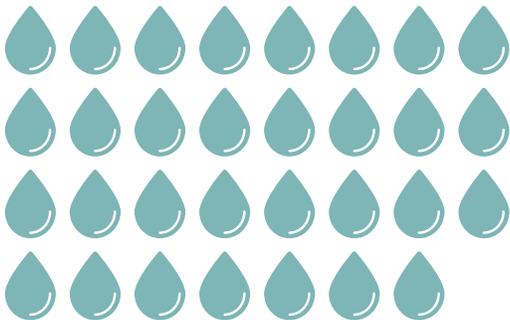


MEETING AT A GLANCE

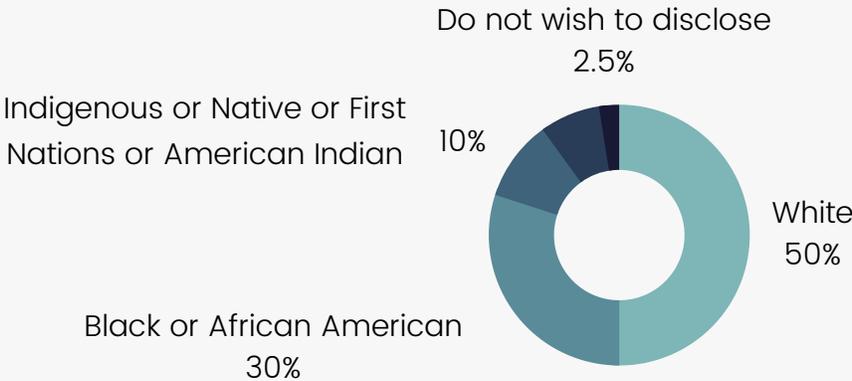


31

total participants



RACIAL/ETHNIC SELF-IDENTIFICATION



**BARRIERS TO
EQUITABLE
REPRESENTATION IN
THE FIELD OF LACTATION
CARE**

"It's time to stop using buzzwords, like equity, without showing there is action behind your efforts. Advocacy efforts should also be to hold accountable the people and institutions that put the barriers in place - making it so hard for families to access community-rooted, skilled lactation support - and also those who continue gatekeeping the lactation professions."

Sekeita Lewis-Johnson, DNP, FNP-BC, IBCLC

CURRENT POLICY FOCUS ON ESTABLISHING IBCLC LICENSURE AS A MECHANISM FOR REIMBURSEMENT

Meeting participants made clear that licensure requirements create a barrier for Black and Indigenous People of Color seeking to become IBCLCs. And, in a recent [“We Rise: ROSE Journal”](#) article, [Elizabeth C. Brooks, JD, IBCLC, FILCA](#), is quoted as saying, “There continue to be equity-based barriers to IBCLC training, certification, and subsequent licensure. The system defaults to providing access and opportunity primarily to those with unearned privilege, while presenting significant roadblocks to people of color. African American families in the USA have the lowest rates of breastfeeding initiation, exclusivity, and duration, begging the question of why we aren’t doing more to provide meaningful and equitable access to the IBCLC profession by members of non-dominant culture.”

“IT IS ALMOST IMPOSSIBLE TO FOCUS ON LICENSURE WHEN ACCESS TO THE CREDENTIAL IS THE BARRIER.”

“BARRIERS INCLUDE HOW WE TRAIN OUR PRACTITIONERS, HOW WE COLONIZE EDUCATION, HOW WE’VE BEEN GATEKEEPERS OF EDUCATION AND OPPORTUNITIES ON THIS WHOLE NOTION THAT LICENSURE IS REQUIRED BECAUSE OF STRUCTURES THAT WERE BUILT.”

CONFUSION AROUND PAYMENT AND LACK OF FUNDING

Currently, there are no insurance coverage options or state of Michigan budget allocations. Foundation support for community-rooted, skilled lactation supporters is minimal, and the lack of equitable compensation often prevents Black and Indigenous People of Color from becoming IBCLCs.

“FAMILIES CAN’T PAY FOR US AND WE CAN’T GET PAID BY OTHER INSTITUTIONS. IT’S UNIVERSALLY BROKEN AND IT PUTS YOU IN A SPOT WHERE TO CARE FOR THE FAMILY, AND BECAUSE YOU LOVE WHAT YOU DO, YOU END UP WORKING FOR FREE OR JUST TAKING WHAT YOU CAN GET.”



PERVASIVE REQUIREMENT OF DUAL CREDENTIALING (E.G. RN/IBCLC, RD/IBCLC, ETC.) FOR PAID EMPLOYMENT POSITIONS IN LACTATION CARE

The United States Lactation Consultant Association supports the IBCLC as a standalone credential, stating that IBCLCs provide the highest level of clinical lactation support. Meeting participants are clear that the requirement for IBCLCs to hold an additional credential in order to be hired is an outdated practice that contributes to disparities in hiring practices and in breastfeeding outcomes.

"I WAS WORKING ON A LABOR AND DELIVERY UNIT AT A BABY-FRIENDLY HOSPITAL FOR A YEAR AND COULDN'T GET HIRED THERE AS AN IBCLC BECAUSE I WAS NOT AN RN. I WAS TEACHING THEIR STAFF. I WAS TRAINING THEIR RESIDENTS. BUT, I COULD NOT WORK THERE, BECAUSE I WAS NOT AN RN."

"IT IS A STANDALONE CREDENTIAL AND I HAVE STOOD ON THAT FROM DAY ONE. I DON'T NEED ANYTHING I'M NOT. I'M NOT TRYING TO DELIVER BABIES. I'M NOT TRYING TO SCRUB IN ON C-SECTIONS. I JUST WANT TO HELP PEOPLE BREASTFEED. THAT'S IT."

LIMITED FINANCIAL SUPPORT FOR IBCLC MENTORS - ESPECIALLY MENTORS OF COLOR

Black and Indigenous People of Color working in the field of lactation support are called upon to provide unpaid mentorship to future lactation professionals. Without proper support and compensation, this adds to what researchers have identified as one of several "persistent barriers [racial minorities face] during the certification process."

"PEOPLE ARE CONSTANTLY IN MY INBOX ASKING FOR HELP - MENTORSHIP SUPPORT, AND I AM STRETCHED VERY THIN RIGHT NOW. BUT I TRY TO HELP AS MUCH AS I CAN, OR AT LEAST DIRECT THEM TO WHERE THEY CAN GO, TO MAKE SURE THAT YOU KNOW MY DAUGHTERS AND NIECES AND LITTLE COUSINS, WHEN THEY GET READY TO BECOME MOTHERS, HAVE SOMEBODY WHO REFLECTS THEM HELPING THEM LIKE ONE OF US."



LACK OF REFERRALS AND WARM HAND OFFS TO COMMUNITY-ROOTED, CLINICALLY SKILLED LACTATION SUPPORTERS

Community-based referrals are important for families of color seeking lactation support from providers who reflect and represent them. However, when large institutions like hospitals and public health systems refer to Black and Indigenous providers, they do so with the expectation that services will be provided without regard for compensation.

"IN MY COMMUNITY, IN NORTHERN MICHIGAN, WE HAVE 1 BIRTHING HOSPITAL IN THE AREA WHERE PROBABLY 100% OF INDIGENOUS PEOPLE GIVE BIRTH AND THERE ISN'T ANY COLLABORATION."

"COMMUNITY-LED ORGANIZATIONS CAN DO THIS WORK AND MAKE SURE BABIES AND MOMMIES ARE NOT DYING."

HIERARCHICAL POWER STRUCTURE OF CREDENTIALING

Peer-to-peer support is the most evidence-based practice for improving breastfeeding outcomes. And, according to a recent publication "We Rise: ROSE Journal" article, Elizabeth C. Brooks, JD, IBCLC, FILCA, "There is enough work to go around. Breastfeeding initiation rates are rising, but exclusivity and duration rates continue to present challenges." According to meeting participants, the very idea that only IBCLCs should be credentialed and paid fairly is a barrier to good care within communities across Michigan.

"ONCE WE GET AWAY FROM THIS HIERARCHY OF CARE, WE CAN ACTUALLY HAVE THE BEST FOLKS DO THE WORK OF SERVING FAMILIES."



BLACK AND INDIGENOUS PEOPLE ARE LEFT OUT OF A LOT OF CONVERSATIONS AND ACCESS TO THINGS SUCH AS SKILLED CREDENTIALING

Meeting participants were clear that, often, folks in positions of power to make decisions about licensure and compensation do not reflect or represent Black and Indigenous communities across Michigan and are unable to address barriers in these communities as these decisions are being made.

"WE NEED TO GET THE SYSTEM TO FIT INDIGENOUS FOLKS RATHER THAN MAKING INDIGENOUS FOLKS FIT INTO THE SYSTEM."

COST OF REQUIREMENTS, PREPARATION, AND EXAM FEES TO OBTAIN IBCLC CREDENTIAL

Meeting participants were clear and, the research bears out, that the time and money needed to prepare for and then sit for the IBCLC exam is cost prohibitive to many candidates, especially for candidates of color. Additionally, even with the IBCLC credential, lactation supporters of color, those from rural communities, and those serving marginalized communities, are not guaranteed job security or equitable compensation when employed.

"AS A PERSON THINKING ABOUT COMING INTO THIS FIELD AND BECOMING A CERTIFIED LACTATION PROVIDER, IT WAS CONFUSING. HOW WILL WE GET PAID? WHAT IS THE PAY RATE? WHAT IS ANYTHING?"



**OPPORTUNITIES FOR
EQUITABLE
REPRESENTATION IN
THE FIELD OF LACTATION
CARE**

Assuming Black and Indigenous providers will serve families for free... "Black and Indigenous is not synonymous with poverty."

Raeanne Madison, MPH

THE EVIDENCE-BASE FOR AND TRUST IN COMMUNITY-ROOTED, CLINICALLY-SKILLED LACTATION CARE IS CLEAR

The research is clear that when families receive care from providers that reflect and represent them, they are more likely to be successful and reach their individual breastfeeding goals. Community-based support helps families to initiate breastfeeding and helps families to breastfeed exclusively for longer periods of time.

"IN MY COMMUNITY, OUR WORK IS PRETTY WELL TRUSTED AND WELL KNOWN. BIRTH WORK IS NOT A COMMODITY AND I'D REALLY LIKE TO KEEP IT THAT WAY."

"ONE OF THE THINGS I'VE SEEN WHEN TALKING WITH MY CLIENTELE IS THEIR COMFORT LEVEL. THEY ARE NOT INTIMIDATED - THEY SAY TO ME, 'YOU KNOW MY HISTORY, MY CULTURE, WHERE I'VE BEEN.' THIS OPENS UP DOORS AND IT'S EXCITING TO SEE THEM FEELING COMFORTABLE"

THE DEMAND FOR COMMUNITY-ROOTED, CLINICALLY SKILLED LACTATION CARE IS HIGH

Even from within public health and hospital systems, there is a clear understanding that these systems are not, and cannot be, equipped to address every need in the communities where they are located. Large institutions are already referring to community-rooted, clinically-skilled care to fill this gap.

"WE'VE INCREASED OUR TEAM FROM 5 TO 10 AND WE STILL CANNOT SERVE EVERYONE AS QUICKLY AS WE NEED TO."



WHITE FOLKS CAN LEVERAGE THEIR PRIVILEGE TO END GATEKEEPING OF LACTATION CREDENTIALS

Several meeting participants shared positive experiences of white folks who leverage their privilege within institutions and in private practice to provide mentorship, exam preparation support, and fair payment for services. We need more of this!

"I'D LIKE TO SHOUT OUT THE WHITE IBCLCS WHO I'VE WITNESSED OFFERING MENTORSHIP HOURS TO ASPIRING BLACK IBCLCS. MORE OF THAT PLEASE!"

"THERE'S SUCH A BALANCE OF LOOKING TO YOUR BLACK AND INDIGENOUS COLLEAGUES ON HOW SHOULD I MOVE FORWARD BUT THEN ALSO BECOMING INFORMED YOURSELF. IT'S NOT THEIR JOB TO SCHOOL ME, IT'S MY JOB. IF THERE'S A SUGGESTION I NEED TO GO TAKE ACTION. I THINK LISTENING IS CRITICAL."

MODELS EXIST FOR CENTERING BLACK AND INDIGENOUS BREASTFEEDING SUPPORTERS IN HIRING PRACTICES, THEY JUST NEED TO BE IMPLEMENTED ON A WIDE SCALE

In alignment with commitments to equity and justice, organizations, like Michigan Breastfeeding Network, are centering Black and Indigenous folks in hiring practices, which increases the quantity and quality of applicants. Instead of focusing on higher education and credentials, employers should take into account the lived experiences and expertise of Black and Indigenous folks in the recruitment, hiring, and retention of breastfeeding supporters.

FOLKS ARE RECLAIMING THEIR TRADITIONS AND BUILDING THEIR COLLECTIVE POWER AND ARE BREAKING DOWN BARRIERS TO REPRESENTATION TO MOVE THIS WORK FORWARD

In Michigan, Black and Indigenous birth and breastfeeding supporters are reclaiming traditional human milk feeding practices and shifting the paradigm of lactation leadership by creating new educational offerings, like the [Great Lakes Breastfeeding Webinars](#) and [resources for families](#), that center Black and Indigenous birth workers and families.



THERE ARE BLACK AND INDIGENOUS LACTATION SUPPORTERS WITH KNOWLEDGE, WISDOM, AND EXPERIENCE WHO ARE LEADING THE CONVERSATIONS AROUND POLICY AND SYSTEM CHANGE TO ADVANCE REPRESENTATION IN THE HUMAN MILK FEEDING FIELD

Groups like the ones who form part of the MIBFN CORE Cohort are presenting at statewide and national conferences and meeting with policy-makers to share about paths forward that center the families they serve.

MIBFN CORE COHORT MEMBERS:



"WE STRIVE TO MAKE LIFE BE WHAT IT IS SUPPOSED TO BE. WE CAN'T CREATE A PERFECT WORLD, BUT WE STRIVE TO GET CLOSE TO IT, FOR OUR MOMS AND BABIES."



**BARRIERS TO
EQUITABLE
COMPENSATION IN THE
FIELD OF LACTATION
CARE**

"Who pays for breastfeeding support matters. Chest/Breastfeeding traditions were intentionally stolen from Black and Indigenous families through state-sanctioned slavery, genocide, and forced separation. As such, reclaiming these traditions should not be the financial burden of individual birthing families - it should be paid for by the government and the folks who financially benefitted from this violence."

Shannon McKenney Shubert, MPH, CLC

REQUIRING A SECOND PROFESSIONAL CREDENTIAL TO SERVE AS A LACTATION SUPPORTER

In Georgia, a review determining whether a second professional credential and/or licensing requirement for the IBCLC is necessary found that further requirements do not protect families and, ultimately, harms low income, underserved, and rural communities.

"I COULDN'T GET ANY INSURANCE UNTIL I HAD RN BEHIND MY NAME. IT TOOK SIX YEARS OF TAKING COMMUNITY COLLEGE CLASSES - ONE AT A TIME - AND I FINALLY GOT THAT CREDENTIAL. MAN, WITH ALL THE HOOPS I HAD TO JUMP THROUGH... AND WITH ALL THE PRIVILEGES I HAVE... I THINK ABOUT THAT A LOT."

INADEQUATE REIMBURSEMENT RATES AND REGULAR COMPENSATION ACROSS LACTATION SUPPORT PROFESSIONS

Diversifying the field of lactation must be done with equity at the center. Black and Indigenous People of Color working as lactation supporters have historically, and continue to be, underpaid, underemployed, and under-compensated for the work they do serving Black and brown families.

"WHY DO I QUALIFY FOR MEDICAID IF I WORK IN WIC OR IN A HOSPITAL AS A LACTATION STAFF MEMBER? I HAD TO LEAVE BECAUSE I COULDN'T AFFORD TO BE A NON-RN/IBCLC AND NOT EVEN BREAK EVEN."

"AS A FORMER PEER COUNSELOR, IT WAS KEEPING US IN POVERTY. IT WAS OPPRESSIVE AND FED THE POVERTY CYCLE. THERE HAS TO BE CONVERSATION ABOUT WHAT A LIVING WAGE REALLY LOOKS LIKE IF WE ARE EXPECTING FOR FOLKS TO DO THE WORK OF JUSTICE. THIS HAS TO BE A MOVEMENT ACROSS THE BOARD."



PUBLIC INSURANCE REQUIREMENTS CREATE ADDITIONAL BARRIERS FOR PROVIDERS TO BILL FOR SERVICES

Pulling from similar input provided by members of our planning committee provided during the comment phase of proposed changes to doula coverage, the same issue applies here, “requiring other providers to sign off on the care we provide does not fix a broken system, it puts access to care that is already out of reach for most families behind a group of gatekeepers who have no incentive to refer families to our care. Why?”

“IBCLCS HAVE TO BILL WITH INSURANCE UNDER A LICENSED PROVIDER THAT IS A PHYSICIAN, NURSE PRACTITIONER, PHYSICIAN ASSISTANT, OR NURSE MIDWIFE AND THE RATES ARE REALLY LOW.”

“BILLING FOR MEDICAID IS CONVOLUTED. FOR THE AMOUNT OF REIMBURSEMENT, IT’S NOT EVEN WORTH IT.”

RELIANCE ON INCONSISTENT AND UNRELIABLE GRANT FUNDING FROM COMMUNITY FOUNDATIONS

Based on numerous factors, grant funding is harder for community-rooted health equity organizations to secure than larger public health and hospital systems. Funding dollars need to be invested in local communities where birth and breastfeeding supporters are serving families based on the challenges they face.

“EVERY JOB THAT I HAVE HAS A GRANT TO PAY ME. IF THEIR GRANT GOES AWAY, I GO AWAY.”

“THERE’S A MODEL THAT’S REQUIRED TO APPLY FOR GRANTS. INDIGENOUS FOLKS DON’T NECESSARILY FIT INTO THAT SPACE.”



THE ONGOING ERASURE OF INDIGENOUS TRADITIONAL PRACTICES IN DEVELOPMENT OF PAYMENT MODELS

Meeting participants shared on several occasions that models don't center Indigenous families and exclude Indigenous families.

"MY CONCERN IS THAT INDIGENOUS PEOPLE DON'T NEED LICENSURE OR A CREDENTIAL TO TAKE CARE OF OUR PEOPLE, SO THIS WHOLE THING IS A COMPLETE BARRIER TO OUR PEOPLE. IN THE WORK THAT WE DO AND EVEN IF WE DO HAVE OUR INDIGENOUS FOLKS WHO WANT TO BECOME IBCLCS, WHO WANT SOME CREDENTIAL AND HOWEVER THEY WANT TO BECOME RECOGNIZED FOR THEIR EXPERTISE, IT SHOULDN'T BE A REQUIREMENT. IT SHOULDN'T BE WHAT'S REQUIRED IN ORDER FOR FOLKS TO GET COMPENSATED FAIRLY."

"I SHOULDN'T HAVE TO FIND CREATIVE WAYS TO GET FOLKS PAID FOR THE WORK THAT THEY'RE DOING. BUT THAT'S THE SITUATION THAT I'M LEFT IN AND UNTIL THINGS CHANGE ON THE BIGGER SYSTEMIC LEVEL, THAT'S JUST WHAT WE'RE GONNA DO. I DON'T KNOW THAT WE HAVE FOLKS THAT WANT TO NECESSARILY BE IN THE SYSTEM, BUT I ALSO DON'T KNOW THAT WE DON'T. WE ARE GOING TO DO THE WORK IN OUR COMMUNITY THE WAY WE'VE BEEN DOING IT FOR 10,000 YEARS. DOES THAT MEAN IT IS THE WAY IT SHOULD BE? NOT AT ALL. WE AREN'T GOING TO DO IT BY CONFORMING TO POLICIES AND REQUIREMENTS THAT WERE EXPLICITLY DESIGNED TO NON-EXPLICITLY EXCLUDE US."



**OPPORTUNITIES FOR
EQUITABLE
REPRESENTATION IN
THE FIELD OF LACTATION
CARE**

“You cannot have
representation if there is
no compensation.

Payment comes first.”

-Karen Wolak, IBCLC

MODELS EXIST FOR COMPENSATED MENTOR/MENTEE RELATIONSHIPS

During the meeting, participants shared that models exist for ensuring compensation is provided to mentors and mentees. They provided the example of resident physicians (mentees) being compensated during their supervised practice while attending physicians (mentors) are also compensated for providing the supervision and training. These models could be adapted to the human milk feeding field to give compensation to lactation supporters during their training, too.

"PAY THE MENTORS AND MENTEES. PAY THEM FOR THEIR TIME. SET UP MENTORING PROGRAMS THAT HAPPEN LIKE IN THE MEDICAL WORLD."

TRADITIONAL PRACTICES CAN LEAD THE WAY FOR BETTER PAYMENT MODELS FOR EVERYONE

Community-rooted, equity-focused lactation training and education, like the Indigenous Breastfeeding Counselor course and the Community Breastfeeding Educator Course through YOLO, are available and could be the standards for skills-based competency education. Funding at the state level can support centering Black and Indigenous traditional practices for these types of trainings to the benefit of lactation supporters in all communities.

"THIS IS TRADITIONAL PRACTICE AS BLACK AND INDIGENOUS FOLKS AND HONORING WHAT WE'VE ALWAYS DONE. WE NEED TO CENTER BIPOC PRACTITIONERS IN THE CONVERSATION OF REQUIRED CREDENTIALS AND LICENSURE."

"THAT'S THE WAY THAT WE ARE TAUGHT TO FUNCTION AS A COMMUNITY. I THINK THAT'S REALLY A TESTAMENT IN THE END TO HOW THE WORK - WHETHER IT'S ROOTED IN TRADITION OR SYSTEMIC LEARNING - IT'S LIFE SAVING AND IT'S THERE AND IT'S GONNA BE DONE NO MATTER WHAT, AND EVERYBODY DESERVES COMPENSATION FOR IT."



MANY PATIENTS ALREADY ARE PARTICIPANTS IN THE PUBLIC INSURANCE PROGRAMS WHICH CREATES THE NATURAL OPPORTUNITY TO WORK ALONGSIDE MEDICARE AND MEDICAID ADMINISTRATORS TO FIND SOLUTIONS TO EQUITABLE COMPENSATION FOR LACTATION PROVIDERS

In Michigan, Medicaid coverage at the time of birth was highest for Black women at 66.1 percent and Indigenous women at 56.1 percent. With this number of BIPOC families participating in the Medicaid program, community-rooted, skilled lactation providers should be reimbursed equitably for their services.

"MEDICAID AND MEDICARE NEED TO PAY FOR THESE SERVICES."

"WHEN I THINK ABOUT BECOMING INVOLVED WITH MEDICAID, IT'S GOT TO BE STREAMLINED...OUR INSURANCE COMPANY IS ANOTHER THING THAT'S BROKEN."

SOME PAYMENT MODELS EXIST WITHIN PRIVATE INSURANCE AND THERE ARE OPPORTUNITIES FOR EXPANSION WITHIN THESE MODELS

Some private insurers - like Blue Cross Blue Shield of Michigan - offer the option for billing lactation services. All insurers could cover lactation care and compensate equitably. In addition, programs and organizations like Lactation Network have sprung up to streamline the billing processes for IBCLCs. Insurers and billing support organizations could expand their models to include other levels of providers.

"I FEEL LIKE I'M DANCING WITH THE DEVIL, BUT I ALSO FEEL LIKE I'M INCREASING MY ACCESSIBILITY TO CLIENTS. SO MY INSURANCE COMPANY, MY BILLING COMPANY IS DOING WHAT I COULD NOT FIGURE OUT OR EVEN GET ACCESS TO. BUT THEY UNDERSTAND."



MAIN THEMES SUMMARY

BARRIERS TO EQUITABLE REPRESENTATION IN THE FIELD OF LACTATION CARE

- Current policy focus on establishing IBCLC licensure as a mechanism for reimbursement
- Confusion around payment and lack of funding
- Pervasive requirement of dual credentialing (e.g. RN/IBCLC, RD/IBCLC, etc.) for paid employment positions in lactation care
- Limited financial support for IBCLC mentors - especially mentors of color
- Lack of referrals and warm hand offs to community-rooted, clinically-skilled lactation supporters
- Hierarchical power structure of credentialing
- Black and Indigenous people are left out of a lot of conversations and access to things such as skilled credentialing
- Cost of requirements, preparation, and exam fees to obtain IBCLC credential

OPPORTUNITIES FOR EQUITABLE REPRESENTATION IN THE FIELD OF LACTATION CARE

- The evidence-base for and trust in community-rooted, clinically-skilled lactation care is clear
- The demand for community-rooted, clinically-skilled lactation care is high
- White folks can leverage their privilege to end gatekeeping of lactation credentials
- Models exist for centering Black and Indigenous breastfeeding supporters in hiring practices, they just need to be implemented on a wide scale
- Folks are reclaiming their traditions and building their collective power and are breaking down barriers to representation to move this work forward
- There are Black and Indigenous lactation supporters with knowledge, wisdom, and experience who are leading the conversations around policy and system change to advance representation in the human milk feeding field

BARRIERS TO EQUITABLE COMPENSATION IN THE FIELD OF LACTATION CARE

- Requiring a second professional credential to serve as a lactation supporter
- Inadequate reimbursement rates and regular compensation across lactation support professions
- Public insurance requirements create additional barriers for providers to bill for services
- Reliance on inconsistent and unreliable grant funding from community foundations
- The ongoing erasure of Indigenous traditional practices in development of payment models

OPPORTUNITIES FOR EQUITABLE COMPENSATION IN THE FIELD OF LACTATION CARE

- Models exist for compensated mentor/mentee relationships
- Traditional practices can lead the way for better payment models for everyone
- Many patients already are participants in the public insurance programs which creates the natural opportunity to work alongside Medicare and Medicaid administrators to find solutions to equitable compensation for lactation providers
- Some payment models exist within private insurance and there are opportunities for expansion within these models



**OUR NEXT STEPS FOR
ADVANCING EQUITABLE
REPRESENTATION AND
COMPENSATION IN THE
FIELD OF LACTATION
SUPPORT**

Individually, starting NOW we can:



Share this report with colleagues and administrators



Continue the conversations held during this meeting with policymakers at the institutions where we serve



Advocate with administrative and legislative leaders to LISTEN to Black and Indigenous birth workers to change policies AND CHANGE POLICIES accordingly



Ensure Black and Indigenous folks are centered in conversations around compensation and representation in the human milk feeding field

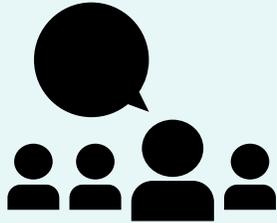


Speak up when we see the status quo being upheld and harm perpetrated against folks in our field



Advocate for ourselves to be compensated in ways that reflect our value

As a collective, our next steps include:



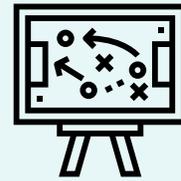
Continuing to convene this group to move our efforts forward



Creating and publishing a shared understanding of equitable compensation rates for community-rooted, skilled lactation care

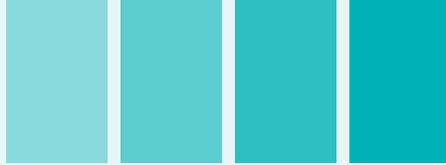


Securing funding through the State of Michigan annual budget to support the availability - expansion, growth, and sustainability - of community-rooted, skilled lactation care across Michigan



Writing and publishing a compensation and representation strategic plan for direct lactation care in solidarity with service providers across Michigan that centers BIPOC families and ensures this group is working towards common goals





THIS REPORT WAS MADE POSSIBLE BY GENEROUS CONTRIBUTIONS BY THE W.K. KELLOGG FOUNDATION AND THE PRESENCE OF SKILLED LACTATION SUPPORTERS WHO SHOWED UP IN THE MEETING SPACE WITH INNOVATIVE SOLUTIONS TO EQUITABLE COMPENSATION AND REPRESENTATION IN THE HUMAN MILK FEEDING FIELD TO MOVE FORWARD IN AN EFFORT TO CHART A NEW WAY FORWARD. WE HEAR YOU, WE SEE YOU, AND WE ARE IMPASSIONED TO KEEP THIS WORK GOING BASED ON WHAT WAS SHARED IN THIS SPACE. THANK YOU.

MIBREASTFEEDING.ORG

